Signature Document

AREA AGENCY	ON AGING_			
CLOSEOUT	PERIOD			
PSA NO:				
DATE:				
CDA	A 180: Title III/V	/II, IIIE	, and CBSP	
CDA	A 90: Senior Co	mmun	ity Services Employment Program (Title V)	
CD/	A 230: Health Ir	nsuran	ce Counseling and Advocacy Program (HICAP)	
	rea Agency with Older		loseout Report is accurate, current, and discloses the financial results ans Act Title III/VII funds, Older Californian's Act CBSP funds, federal	
SIGNATURE OF AREA AGENCY DIRECT	OR		PRINTED NAME	DATE
>	FO	R STATE	USE ONLY	
AAA-BASED TEAM/FISCAL SPECIALIST			TEAM COACH	DATE
>			>	

Department of Aging

FINANCIAL CLOSEOUT REPORT

SUMMARY REPORT OF ACTUAL COSTS

CDA 180 (7/05) Page 1

TITLE III ADMIN AND TITLE III PROGRAMS

					N AND IIILE		,		
CONTRACT PERIOD:				[]ORIGINAL []RE		CONTRACT NO.:		DATE:	PSA NO.:
COST			(a) Area Plan	(b) III B	(c) III C-1	(d) III C-2	(e) III D	(f) III E	(g) Total
CATEGORIES			Admin	Supportive Svcs	Congregate Nutr	Home Del Nutr	Disease Prev	Family Caregiver	Title III Costs
		CASH							
1. Personnel	(+)	IN-KIND							
		CASH							
2. Staff Travel	(+)	IN-KIND							
		CASH							
3. Staff Training	(+)	IN-KIND							
		CASH							
4. Equipment	(+)	IN-KIND							
	`	CASH							
5. Consultants	(+)	IN-KIND							
		CASH							
6. Food Costs	(+)	IN-KIND							
		CASH							
7. Other Costs	(+)	IN-KIND							
	. ,								
8. DIRECT AREA		CASH							
O. DIREOT AREA		OAGIT							
AGENCY COSTS	(=)	IN-KIND							
9. Indirect or Grantee		CASH							
Allocated Costs	(+)	IN-KIND							
10. TOTAL AREA		CASH							
AGENCY COSTS	(=)	IN-KIND							
11. Contracted		CASH							
Services Costs	(+)	IN-KIND	-						
12. TOTAL TITLE III		CASH							
COSTS	(=)	IN-KIND							
13. TOTAL CASH & IN-I									
			1	<u> </u>	1	<u> </u>	ı	1	1

SUMMARY REPORT OF ACTUAL COSTS

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TITLE III, TITLE VII, AND COMMUNITY-BASED SERVICES PROGRAMS (CBSP)

				•		DEICVIOLO I IC	0010 time (0B)		T==
CONTRACT PERIOD:			1	[]ORIGINAL []RE		CONTRACT NO.:	•	DATE:	PSA NO.:
COST			(a) VII		(c) Total		(e) Total	(f) Community	(g) Total
CATEGORIES			Ombudsman	Elder Abuse Prev	Title VII	(Page 1 Col (g))	Title III & VII	Based Services	III, VII, & CBSP
		CASH							
1. Personnel	(+)	IN-KIND							
	` '	CASH							
2. Staff Travel	(+)	IN-KIND							
	` /	CASH							
3. Staff Training	(+)	IN-KIND							
<u> </u>	(' /	CASH							
4. Equipment	(+)	IN-KIND							
4. Equipment	(')	CASH							
5. Consultants	(+)	IN-KIND							
3. Consultants	(+)	CASH							
6. Food Costs	(+)	IN-KIND							
0. 1 00d Costs	(+)	CASH							
7. Other Costs	(+)	IN-KIND							_
7. Other Costs	(+)	IIN-KIIND							
O DIDECT ADEA		CACLI							
8. DIRECT AREA		CASH							
AGENCY COSTS	(=)	IN-KIND							
9. Indirect or Grantee	\ /	CASH							
	(+)	IN-KIND							
7 modulou ocolo	(')	III KIII							
10. TOTAL AREA		CASH							
		0,1011							
AGENCY COSTS	(=)	IN-KIND							
11. Cost of Contracted		CASH							
Services	(+)	IN-KIND							
12. TOTAL AREA		CASH							
PLAN COSTS	(=)	IN-KIND							
13. TOTAL CASH & IN-KI									
								<u> </u>	•

SUMMARY REPORT OF FUNDING

CDA 180 (7/05) Page 3

TITLE III. VII. & COMMUNITY-BASED SERVICES PROGRAMS (CBSP)

CONTRACT PERIOD:			, •, •			EVISION NO.:		TRACT NO.:	, (IVI C	(000.)	DATE		PSΔ	NO.:
SECTION A		(a)	Area Plan	(p)	III B	(c) III C-1	(d)	III C-2	(e)	III D	(f)	III E	_	Total
FUNDING SOURCES		(a)	Admin	` '	portive Svcs	Congregate Nutr	` '	ome Del Nutr	` '	isease Prev		ly Caregiver	(9)	Title III
Program Income	CASH		7 (3171111	1 00,	9011110 0100	Congregate Hati	1	ino Borrian		1000001101	1 4111	iy caregiver		
2. NSIP	CASH													
3. Non-Matching	CASH													
Contributions	IN-KIND													
4. State Funds	CASH						1							
5. Matching	CASH													
Contributions	IN-KIND													
6. Federal Funding Grandparent	CASH													
7. Federal Funding Other	CASH													
8. TOTAL TITLE III	CASH													
FUNDING	IN-KIND													
9. TOTAL CASH & IN-KIND														
SECTION B														
FUNDING SOURCES														
10. Program Income	CASH													
11. NSIP	CASH													
12. Non-Matching	CASH													
Contributions	IN-KIND													
13. State Funds	CASH													
14. Matching	CASH													
Contributions	IN-KIND													
	CASH													
16. Federal Funding Other	CASH													
17. TOTAL AREA	CASH													
PLAN FUNDING	IN-KIND													
18. TOTAL CASH & IN-KIND														

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MATCHING CONTRIBUTIONS & ADEQUATE PROPORTION

CONTRACT PERIOD:			REVISION NO.		CONTRACT NO.:	DATE:		PSA NO.:
SECTION A		[[] = []			SECTION E	1=:::=:		<u> </u>
AREA PLAN ADMINISTRATION MATCH	HING CONTRIBU	TIONS			ADEQUATE PROPORTION CALCU	JLATION FOR PRIORIT	Y SERVICES	
Source		Cash	In-Kind	Total				
					ITEM			Amount
					1. Total Supportive Services Fed	eral Share		
					Page 5 Column (h) Total III B		(+)	
					2. Less III B Ombudsman Federal			
TOTAL					Page 5 Column (h) Direct and Co	ontracted Ombudsman	(-)	
SECTION B					3. Less III B One-Time-Only			
							(-)	
LOCAL PUBLIC AGENCIES MATCHING	S CONTRIBUTIO		T		4. Equals III B Supportive Service	es		
Source		Cash	In-Kind		Base Allocation		(=)	
					Priority Services	Federal	% of	Approved
					(Do not include OTO)	Share	Base*	Percentage^
					5. Information & Assistance			
TOTAL					6. Case Management			
TOTAL					7. Assisted Transportation			
SECTION C					8. Transportation			
					9. Outreach			
MINIMUM TITLE III MATCH					10. Total Access			
	(a) Area Plan	(b) Title III B, C,		(d) Total Min	11. Personal Care			
ITEM	Admin	& D Programs	Programs	Matching	12. Homemaker			
Costs to be Matched					13. Chore			
Required Matching Percentages	25%	10.53%	25%		14. Visiting			
3. Minimum Required Match					15. In-Home Respite			
4. Required Local Public Agencies Ma	tching = Line 3	¢ 25%			16. Alzheimer's Day Care			
SECTION D					17. Minor Home Modification			
					18. Adult Day/Health Care			
MINIMUM CBSP MATCHII			Ι		19. Total In-Home			
	(a) Brown		(c)		20. Legal Assistance			
ITEM	Bag	Bag	ADCRC	_				
1. State Funds				_	.			
Required Matching Percentages	25% Cash	25% In-Kind	25%	_	* Total Federal Share Divided by III	B Base (line 4)		
3. Minimum Required Match					^ As Approved in the Area Plan			

SCHEDULE OF SUPPORTIVE SERVICES (III B)

CONTRACT PERIOD:	[1] ORIGINAL I] REVISION NO			CONTRACT			DA			PSA NO.:
CONTINUE LINES.	(a)	(b)	T	Non-	Matching		 (e)	<i>D</i> , \		tching	(h)
	Total	Program			ributions		State			ibutions	Federal
SERVICE CATEGORIES	Costs	Income	(c)	Cash	(d) In-Kind	_	Funds	(f)	Cash	(g) In-Kind	Share
PARTI			(0)	• • • • • • • • • • • • • • • • • • • •	DIRECT	SEI		(.)		(9)	
Program Development					1	Ī					
Coordination											+
TOTAL DIRECT III B SERVICES											
PART II					CONTRACTE	D S	SERVICES				
Personal Care (In-Home)*											
Homemaker (In-Home)*											
Chore (In-Home)*											
Adult Day/Health Care (In-Home)*											
Case Management (Access)*											
Assisted Transportation (Access)*											
Transportation (Access)*											
Legal Assistance*											
Information & Assistance (Access)*											
Outreach (Access)*											
Other Services:											
a. Housing											
b. Alzheimer's Day Care (In-Home)*											
c. Security/Crime											
d. Health											
e. Mental Health											
f. Comm Svcs/Senior Center Mgt											
g. Employment											
h. Consumer											
i. Visiting (In-Home)*											
j. In-Home Respite (In-Home)*											
k. Minor Modification (In-Home)*											
l.											
Ombudsman											
TOTAL CONTRACTED III B SERVICES											
TOTAL III B SUPPORTIVE SERVICES					1	T			·		

^{*-}Denotes Priority Services Category

State of California
FINANCIAL CLOSEOUT REPORT

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SCHEDULE OF SUPPORTIVE SERVICES COSTS (III B) CONTRACTORS

CONTRACT PERIOD:		[]ORIGINAL []			CONTRACT N	O:	DATE:		PSA NO.:
CONTRACT FERIOD.			(b)			(e)	Matc	hina	(h)
CONTRACTOR		(a)	(6)		butions	(c)	Contrib		(11)
OUNTRACTOR	Service	Total	Program	(c)	(d)	State	(f)	(g)	Federal
CONTRACT NUMBER	Provided	Costs	Income	Cash	In-Kind	Funds	Cash	In-Kind	Share
CONTINUE NOMBEN	11011000	000.0	moonio	Guon	III TUITG	i dilas	04011	III TUITO	Onaro
									+
									_
TOTAL SUPPORTIVE SI	ERVICES		<u> </u>						

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SCHEDULE OF NUTRITION (III C-1 & III C-2) & DISEASE PREVENTION (III D) PROGRAMS

CONTRACT PERIOD:] REVISION NO.		CONTRACT NO		DATE:		PSA NO.:
	(a)	(b)	(c)		1atching	(f)		ching	(i)
	Total	Program		Contr	ibutions	State	Contr	ibutions	Federal
PROGRAMS	Costs	Income	NSIP	(d) Cash	(e) In-Kind	Funds	(g) Cash	(h) In-Kind	Share
III C-1									
Congregate Meals									
Nutrition Counseling									
Nutrition Education									
Total III C-1									
III C-2									
Home Delivered Meals									
Nutrition Counseling									
Nutrition Education									
Total III C-2									
III D									
Nutrition Counseling									
Nutrition Education									
Disease Prev & Health Promotion									
Medication Management									
Total III D									
CONGREGATE NUTRITION			HOME DELIVER	RED NUTRITIOI	N				
	(j)				(k)				
COST	Total			OST	Total				
CATEGORIES	Costs			ORIES	Costs	<u> </u>			
Personnel			Personnel			<u> </u>			
Travel & Training			Travel & Training	g		<u> </u>			
Equipment			Equipment			<u> </u>			
Consultants		1	Consultants			1			
Catered Food]	Catered Food			<u> </u>			
Raw Food]	Raw Food			<u> </u>			
Other Costs]	Other Costs			<u> </u>			
Indirect Costs]	Indirect Costs			<u> </u>			
TOTAL III C-1 COSTS			TOTAL III C-2 C	COSTS					

SCHEDULE OF CONGREGATE NUTRITION (III C-1) CONTRACTORS

CONTRACT PERIOD:			[] REVISION I		CONTRACT	VO.:	DATE:		PSA NO.:
CONTRACTOR	(a)	(b)	(c)	Non-N	/latching ibutions	(f)	Ma	tching ibutions	(i)
CONTRACT NUMBER/ NAPIS PROGRAM	Total Costs	Program Income	NSIP	(d) Cash	(e) In-Kind	State Funds	(g) Cash	(h) In-Kind	Federal Share
NAFIS FROGRAM	Costs	income	NOIF	Casii	III-KIIIU	Fullus	Casii	III-KIIIU	Silale
TOTAL CONGREGATE									

SCHEDULE OF HOME DELIVERED NUTRITION (III C-2) CONTRACTORS

	GCITEDOL					-2) CONTRA			Ingania
CONTRACT PERIOD:	•		[] REVISION		CONTRACT N		DATE:		PSA NO.:
	(a)	(b)	(c)		/latching	(f)		tching	(i)
COTNRACTOR					ibutions		Contr	ibutions	
CONTRACT NUMBER/	Total	Program		(d)	(e)	State	(g)	(h)	Federal
NAPIS PROGRAM	Costs	Income	NSIP	Cash	In-Kind	Funds	Cash	In-Kind	Share
-					1				
					+				+
-	_								
	\dashv								
-									
-									
-									
-									
					1				
					1				1
	\dashv								
TOTAL HOME DELIVERED									
TOTAL HOIVIE DELIVERED									

State of California FINANCIAL CLOSEOUT REPORT

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SCHEDULE OF DISEASE PREVENTION (III D), VII OMBUDSMAN, & VII ELDER ABUSE PREVENTION CONTRACTORS

	VI		•				UNIKACION		Inchilo
CONTRACT PERIOD:			[] REVISION N		CONTRACT		DATE:		PSA NO.:
		(a)	(b)		/latching	(e)	Mato		(h)
CONTRACTOR					ibutions			outions	_
	Service	Total	Program	(c)	(d)	State	(f)	(g)	Federal
CONTRACT NUMBER	Provided	Costs	Income	Cash	In-Kind	Funds	Cash	In-Kind	Share
TOTAL DISEASE PREVENTION									
	VII OMB								
	VII OMB								
	VII OMB								
	VII OMB								
TOTAL VII OMBUDSMAN									
	VII ELDER								
	ABUSE PREV								
	VII ELDER								
	ABUSE PREV								
	VII ELDER								
	ABUSE PREV								
	VII ELDER								
	ABUSE PREV								
TOTAL VII ELDER ABUSE PRE									
		•	•	•	•	•	•	•	•

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SCHEDULE OF DIRECT CAREGIVER SUPPORT SERVICES (III E)

	OOHLDOLL		AREGIVER 3					IDOA NO
CONTRACT PERIOD:	T ₄ x		REVISION NO.:			DATE:		PSA NO.:
	(a)	(b)		atching	(e)		tching	(h)
	Total	Program		butions	State		ributions	Federal
SERVICE CATEGORIES	Costs	Income	(c) Cash	(d) In-Kind	Funds	(f) Cash	(g) In-Kind	Share
Outreach								
Community Education								
Total Service Information								
Information & Assistance								
Comprehensive Assessment								
Case Management								
Transportation								
Assisted Transportation								
Total III E Access								
Counseling								
Caregiver Support Group								
Caregiver Training								
Total Caregiver Support								
III E Respite Care Services								
Minor Home Modification								
Placement								
Homemaker								
Chore								
Home Security and Safety								
Visiting								
Assistive Devices								
Home Delivered Meals								
Legal Assistance								
Total Supplemental Services								
TOTAL III E								
DIRECT SERVICES								
			1	<u> </u>				

SCHEDULE OF CONTRACTED CAREGIVER SUPPORT SERVICES (III E)

Caregiver Support Group Caregiver Training Caregiver Support Brown Caregiver Support C		SCHEDUL	E OF CONTR						
SERVICE CATEGORIES Total Costs Costs Cos	CONTRACT PERIOD:						DATE:		PSA NO.:
SERVICE CATEGORIES Costs Income (c) Cash (d) In-Kind Funds (f) Cash (g) In-Kind Share Outreach Community Education Total Service Information Information & Assistance Comprehensive Assessment Case Management Transportation Assisted Transportation Total III & Access Counseling Caregiver Support Group Caregiver Training Total Caregiver Support III & Respite Care Services Minor Home Modification Placement Home security and Safety Visiting Assistance Total Supplemental Services Total Supplemental Services Total Supplement Support Home Delivered Meals Legal Assistance Total Supplement Services Total Supplemental Services Total Supplemental Services Total Legal Assistance Total Legal Assistance Total Legal Assistance Total III E DRECT & Safety Total Legal Assistance Total Legal Assistance Total Legal Assistance Total Legal Assistance Total Legal Explication Total Legal Explication Total Legal Assistance Total Legal Explication Total Legal Explic			` '				Matching		
Outreach		Total	Program						
Community Education	SERVICE CATEGORIES	Costs	Income	(c) Cash	(d) In-Kind	Funds	(f) Cash	(g) In-Kind	Share
Community Education									
Total Service Information	Outreach								
Information & Assistance	Community Education								
Comprehensive Assessment Case Management Transportation Assistive Access Counseling Caregiver Support Group Caregiver Training Total Caregiver Support Minor Home Modification Placement Homemaker Chore Home Security and Safety Visiting Assistive Devices Home Delivered Meals Legal Assistance Total Supplemental Services Counseling Total Caregiver Support III E Respite Care Services Minor Home Modification Placement Homemaker Chore Home Security and Safety Visiting Assistive Devices Home Delivered Meals Legal Assistance Total Supplemental Services CONTRACTED SERVICES TOTAL III E CONTRACTED SERVICES TOTAL III E DIRECT &	Total Service Information								
Comprehensive Assessment Case Management Transportation Assistive Access Counseling Caregiver Support Group Caregiver Training Total Caregiver Support Minor Home Modification Placement Homemaker Chore Home Security and Safety Visiting Assistive Devices Home Delivered Meals Legal Assistance Total Supplemental Services Counseling Total Caregiver Support III E Respite Care Services Minor Home Modification Placement Homemaker Chore Home Security and Safety Visiting Assistive Devices Home Delivered Meals Legal Assistance Total Supplemental Services CONTRACTED SERVICES TOTAL III E CONTRACTED SERVICES TOTAL III E DIRECT &									
Case Management	Information & Assistance								
Transportation	Comprehensive Assessment								
Transportation	Case Management								
Total III E Access									
Total III E Access	Assisted Transportation								
Caregiver Training									
Caregiver Training			_						
Caregiver Training Total Caregiver Support III E Respite Care Services Minor Home Modification Placement Homemaker Chore Home Security and Safety Visiting Assistive Devices Home Delivered Meals Legal Assistance Total Supplemental Services TOTAL III E CONTRACTED SERVICES TOTAL III E DIRECT &	Counseling								
Caregiver Training Total Caregiver Support III E Respite Care Services Minor Home Modification Placement Homemaker Chore Home Security and Safety Visiting Assistive Devices Home Delivered Meals Legal Assistance Total Supplemental Services TOTAL III E CONTRACTED SERVICES TOTAL III E DIRECT &	Caregiver Support Group								
Minor Home Modification Placement Homemaker Chore Home Security and Safety Visiting Assistive Devices Home Delivered Meals Legal Assistance Total Supplemental Services TOTAL III E CONTRACTED SERVICES TOTAL III E DIRECT &									
Minor Home Modification Placement Homemaker Chore Home Security and Safety Visiting Assistive Devices Home Delivered Meals Legal Assistance Total Supplemental Services TOTAL III E CONTRACTED SERVICES TOTAL III E DIRECT &	Total Caregiver Support								
Minor Home Modification Placement Homemaker Chore Home Security and Safety Visiting Assistive Devices Home Delivered Meals Legal Assistance Total Supplemental Services TOTAL III E CONTRACTED SERVICES TOTAL III E DIRECT &									
Placement	III E Respite Care Services								
Placement									
Homemaker	Minor Home Modification								
Chore Home Security and Safety Visiting Assistive Devices Home Delivered Meals Legal Assistance Total Supplemental Services TOTAL III E CONTRACTED SERVICES TOTAL III E DIRECT &	Placement								
Home Security and Safety Visiting Assistive Devices Home Delivered Meals Legal Assistance Total Supplemental Services TOTAL III E CONTRACTED SERVICES TOTAL III E DIRECT &	Homemaker								
Visiting Assistive Devices Home Delivered Meals Legal Assistance Total Supplemental Services TOTAL III E CONTRACTED SERVICES TOTAL III E DIRECT &	Chore								
Assistive Devices Home Delivered Meals Legal Assistance Total Supplemental Services TOTAL III E CONTRACTED SERVICES TOTAL III E DIRECT &	Home Security and Safety								
Home Delivered Meals Legal Assistance Total Supplemental Services TOTAL III E CONTRACTED SERVICES TOTAL III E DIRECT &	Visiting								
Legal Assistance Total Supplemental Services TOTAL III E CONTRACTED SERVICES TOTAL III E DIRECT &	Assistive Devices								
Total Supplemental Services TOTAL III E CONTRACTED SERVICES TOTAL III E DIRECT &	Home Delivered Meals								
TOTAL III E CONTRACTED SERVICES TOTAL III E DIRECT &	Legal Assistance								
TOTAL III E CONTRACTED SERVICES TOTAL III E DIRECT &									
TOTAL III E DIRECT &									
TOTAL III E DIRECT &	CONTRACTED SERVICES							1	
CONTRACTED SERVICES									
	CONTRACTED SERVICES								

SCHEDULE OF CAREGIVER SUPPORT SERVICES (III E) CONTRACTORS

SCHEDULE OF CAREGIVER SUPPORT SERVICES (III E) CONTRACTORS											
CONTRACT PERIOD:		[]ORIGINAL []			CONTRACT NO		DATE:		PSA NO.:		
		(a)	(b)		atching	(e)	Matching		(h)		
CONTRACTOR					butions			butions			
	Service	Total	Program	(c)	(d)	State	(f)	(g)	Federal		
CONTRACT NUMBER	Provided	Costs	Income	Cash	In-Kind	Funds	Cash	In-Kind	Share		
	_										
	4										
	_										
	1										
	•										
TOTAL III E CONTRACTED SER	RVICES										
	-										

State of California FINANCIAL CLOSEOUT REPORT

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SCHEDULE OF COMMUNITY-BASED SERVICES PROGRAMS (CBSP)

CONTRACT PERIOD:	[] ORIGINAL [REVISION NO.:		CONTRACT NO.	<u> </u>	DATE:	PSA NO.:
	(a)	(b)	Non-l	Non-Matching		Matching	
	Total	Program		ributions	State	Contributions	
PROGRAMS	Costs	Income	(c) Cash	(d) In-Kind	Funds	(f) Cash	(g) In-Kind
PART I			DIRECT SE	ERVICES			
Linkages							
Senior Companion							
Brown Bag Program							
Respite Purchase of Service (RPOS)							
ADCRC							
Total Direct Services							
PART II			CONTRACTED	SERVICES		<u> </u>	.
Linkages							
Senior Companion							
Brown Bag Program							
Respite Purchase of Service (RPOS)							
ADCRC							
Total Contracted Services							
Total Direct & Contracted Community-Based Services Programs							

SCHEDULE OF COMMUNITY-BASED SERVICES PROGRAMS (CBSP) CONTRACTORS

CONTRACT PERIOD:		[]ORIGINAL []		ERVICES PRO	CONTRACT NO.:		DATE:	PSA NO.:
CO.TITOTO LINOD.		(a)	(b)	Non-N	Non-Matching		Matching	
CONTRACTOR		\ /	(-/		ibutions	(e)	Conf	tributions
	Service	Total	Program	(c)	(d)	State	(f)	(g)
CONTRACT NUMBER	Provided	Costs	Income	Cash	In-Kind	Funds	Cash	In-Kind
-								
	4							
	1							
	1							
	1							
-								
	1							
	_							
						-		
	-							
	1							
TOTAL CBSP CONTRACTED SE	FRVICES							
TOTAL OBOI CONTRACTED SE	-111000	<u> </u>			<u> </u>		1	

CLOSEOUT FOR FEDERAL & NSIP ONE-TIME-ONLY

Instructions: This is not a separate closeout for One-Time-Only. Include these costs on Pages 1-15 and Page 17.

CONTRACT PERIOD:		[]ORIGINAL [] REVISION NO.	: CONTRACT NO.:		DATE:	PSA NO.:
	Budget	Federal	Unexpended		Budget	Federal	Unexpended
III B	Display	Share	Amount	III E	Display	Share	Amount
Personal Care				Outreach			
Homemaker				Community Education			
Chore				Information & Assistance			
Adult Day/Health Care				Comprehensive Assessment			
Case Management				Case Management			
Assisted Transportation				Transportation			
Transportation				Assisted Transportation			
Legal Assistance				Counseling			
Information & Assistance				Caregiver Support Group			
Outreach				Caregiver Training			
Housing				III E Respite Care Services			
Alzheimer's (In-Home)*				Minor Home Modification			
Security/Crime				Placement			
Health				Homemaker			
Mental Health				Chore			
Comm Svcs/Senior Center Mgt				Home Security and Safety			
Employment				Visiting			
Consumer				Assistive Devices			
Visiting				Home Delivered Meals			
In-Home Respite				Legal Assistance			
Minor Home Modification				Income Support/Material Aid			
Ombudsman				Translation			
Total III B OTO				Peer Counseling			
	Budget	Federal	Unexpended	Money Management			
III C-1	Display	Share	Amount	Total III E OTO			
Congregate Meals (III C-1)					Budget	Federal	Unexpended
Nutrition Counseling (III C-1)				III D	Display	Share	Amount
Nutrition Education (III C-1)				Nutrition Counseling (III D)			
Total III C-1 OTO				Nutrition Education (III D)			
	Budget	Federal	Unexpended	Disease Prev & Health Prom (III D)			
III C-2	Display	Share	Amount	Medication Management (III D)			
Home Delivered Meals (III C-2)				Total III D OTO			
Nutrition Counseling (III C-2)					Budget	Federal	Unexpended
Nutrition Education (III C-2)				VII	Display	Share	Amount
Total III C-2 OTO				Ombudsman (VII Omb)			
	Budget	NSIP	Unexpended	Elder Abuse Prev (VII EAP)			
NSIP	Display	Expended	Amount				
III C-1 NSIP OTO							
III C-2 NSIP OTO							

FEDERAL SHARE OF COSTS

CONTRACT DEDICE:		I I ODIOINAL I		SHAKE OF C		<u> </u>	DATE:		IDOA NO
CONTRACT PERIOD:	17.				CONTRACT NO			PSA NO.:	
	(a)	(b)	(c)	Non-Matching		(f)	Matching		(i)
	Total	Program			ibutions	State		butions	Federal
PROGRAMS	Costs	Income	NSIP	(d) Cash	(e) In-Kind	Funds	(g) Cash	(h) In-Kind	Share
1. III B Admin									
2. III B Ombudsman									
3. III B Other Supp Svcs									
· ·									
4. Total III B									
5. III C-1 Admin									
6. III C-1 Program									
o. m o i i logium					+				
7. Total III C-1									
7. Total III 0-1									
9 III C 2 Admin									
8. III C-2 Admin									
9. III C-2 Program									
40 7 4 4 1 111 0 0									
10. Total III C-2									
11. III D Disease Prevention									
12. III E Admin									
13. III E Program									
14. Total III E									
15. Total Title III									
16. VII Ombudsman									
17. VII Elder Abuse Prev									
18. Total Title VII									
19. Total Title III & VII							1		
					+				
20. CBSP									
20. 0201									
21. Total Title III, VII, & CBSP									
Zi. iotai ittie iii, VII, & CDOF			<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	